

**Summary of Remarks by
Brian Kamoie
Deputy Assistant Secretary for Preparedness and Response
Director of Policy, Strategic Planning and Communications
Office of the Assistant Secretary of Preparedness and Response
Pandemic All-Hazards Preparedness Act
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Homeland Security Presidential Directive 21 is the most recent statement of Administration support and policy for public health and medical preparedness. These strategies build on and in some cases overlap with the requirements of PAHPA. Soon we will establish the formal working groups and mechanisms called for by the Directive to implement its requirements. We'll engage all of you, not just today, but overall in our work on the Directive.

Our ability to respond to catastrophic-level events, both vertically and horizontally across government, is crucial. Key aspects include:

- Emphasizing regional preparedness, across jurisdictional boundaries, which natural disasters and naturally occurring infectious disease do not respect.
- Recognizing that a lot of health-care infrastructure in this country is owned by the private sector and that the private sector plays key roles in response and can do a lot of things that the Government cannot, and some things that the Government can, perhaps more efficiently.
- Encouraging individuals, families and local communities to be prepared.

The Directive has four basic pillars: threat awareness; prevention and protection; surveillance and protection; and response and recovery. Requirements include:

- Biosurveillance development;
- Countermeasures;
- Stockpiling – we are focusing more on distribution of stockpiles, because, as you know, what matters most is getting the pills into people's mouths when it counts;
- Mass casualty care – we continue to work on our surge capacity to provide public health and medical services in large-scale incidents;
- Community resilience;
- Risk awareness;
- Education and training – including coordination of both the education and training curricula for public health and medical preparedness;
- A national epidemiological surveillance system – also required by PAHPA;
- Review our national disaster medical system;
- Develop further guidance on how we award funding; and
- Determine how we'll account for our performance, how we'll report that performance.

New organizational entities are created by the Directive: a Public Health and Medical Preparedness Task Force, and an Office of Emergency Medical Care within HHS to coordinate and align Federal efforts for emergency services delivery. Several new Federal advisory committees have been established: the National Biodefense Science Board, called for by PAHPA, and two new committees, Federal Advisory Committee on Disaster Mental Health, and an Epidemiological Surveillance Committee.